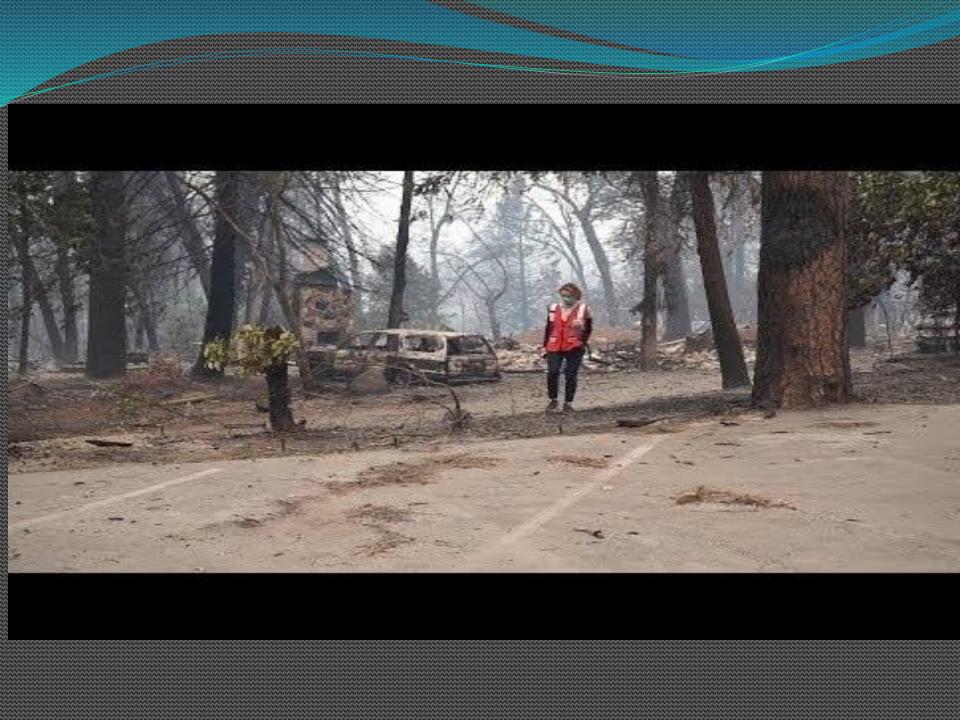
State of Utah Crisis Counseling Certification Recertification Workshop For Disaster & Bioterrorism Events June 3, 2019

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Division of Substance Abuse and Mental Health

Acknowledgements

- FEMA Crisis Counseling Program Training Material
- SAMHSA /NCTSN / NCPTSD Psychological First Aid and Skills for Psychological Recovery
- Nebraska Disaster Psychological First Aid
- SAMHSA DTAC

Tornados





Goal of Terrorism



Induce Terror in the Nation

Mass Shootings

- On December 14, 2012, a gunman walked into Sandy Hook Elementary School in Newtown, Connecticut, and killed 20 children, six adults, and himself.
- By June 12, 2016, when a shooting at a nightclub in Orlando, Florida, led to 50 deaths, there had been 994 more shootings. Orlando was the deadliest mass shooting in modern US history...until October 1, 2017, when a gunman fired into a crowd at a music festival on the Las Vegas strip, killing 59.

Las Vegas Shooting

<u>https://www.youtube.com/watch?v=x7Q-_UFK-u8</u>

Disaster & Crisis Events

- NATURAL (tornado, flood, earthquake)
- HUMAN-CAUSED (explosion, hazardous materials spill, transportation accident, bioterrorism, suicide)
 - Technology Failure
 - Mass Shooting (many people fatally shot or injured)
 - Terrorism

Natural vs. human caused disasters

Natural	Human Caused		
Earthquakes, fires, floods, tornadoes	Airplane crashes, chemical leaks, mass violence, terrorism		
No one to blame	People, governments, or businesses to blame		
Beyond human control	Seen as preventable and a betrayal by fellow humans		
Advance warning is possible	No advanced warning		
Post-disaster distress is high and felt mainly by survivors	Post-disaster stress is often higher than that of natural disasters and felt by more people not directly affected		

Disaster & Crisis impact

- Every disaster is different.
- Disasters affect individuals and the community.
- Response strategy depends on disaster characteristics.
- A disaster causes disruptions and changes.



FEMA CCP Training Program

Disaster triage & Interventions



Roles of the Disaster Crisis Counselor Survivor Reactions Individual Interventions (PFA/SPR/CCP) Survivor Triage

Role of the Disaster Crisis Counselor

 Provide information, support and appropriate referrals for people <u>impacted by a disaster, terrorist event or large</u> <u>scale emergency</u> during response and recovery

Crisis counselors assist people to do the following:

- Understand their situation and reactions.
- Regain sense of mastery and control.
- Identify, label, and express emotions.
- Accept the disaster and losses.
- Manage stress.
- Make decisions. Develop coping strategies.
- Promote individual and community resilience.
- Use community resources.
- Recover pre-disaster level of functioning.

Range of Disaster Crisis Counseling Services

- Brief educational or supportive contact.
- Group & individual disaster crisis counseling:
 - Support groups;
 - Self-help groups; and
 - Psycho-educational groups.
- Public education.
- Needs assessment, referral, and resource linkage.
- Supporting the community and networking.
- Development and distribution of educational materials.
- Media messaging and risk communications.



Guiding Principles — Disaster Crisis Counseling

- No one who experiences a disaster is untouched by it
- Most people pull together and function during and after a disaster, but their effectiveness is diminished
- Disaster stress and grief reactions are "common (normal) responses to an abnormal situation"
- Disaster mental health assistance is often more PRACTICAL than psychological in nature (offering a phone, distributing coffee, listening, encouraging, reassuring, comforting)

Individual Reactions

- The severity of reactions is affected by the type of, level of exposure to, and casualties associated with the disaster.
- Pre-existing trauma may increase the risk of severe reactions.
- Disaster Crisis Counselors identify and refer for treatment anyone experiencing severe reactions.
- Pre-existing levels of support will affect the severity of reactions.

Common Reactions to Disaster

BEHAVIORAL	EMOTIONAL	PHYSICAL	COGNITIVE		
□ Extreme	□ Acute stress reactions	□ Headaches	☐ Inability to accept/cope		
disorientation	☐ Acute grief reactions	□ Stomachaches	with death of loved one(s)		
□ Excessive drug,	□ Sadness, tearful	□ Sleep difficulties	□ Distressing dreams or		
alcohol, or	□ Irritability, anger	□ Difficulty eating	nightmares		
prescription drug use	□ Feeling anxious,	□ Worsening of	□ Intrusive thoughts or		
□ Isolation/withdrawal	fearful	health conditions	images		
☐ High risk behavior	☐ Despair, hopeless	☐ Fatigue/exhaustion	☐ Difficulty concentrating		
□ Regressive behavior	□ Feelings of guilt or	□ Chronic agitation	□ Difficulty remembering		
□ Separation anxiety	shame	□ Other	□ Difficulty making		
□ Violent behavior	□ Feeling emotionally		decisions		
□ Maladaptive coping	numb, disconnected		☐ Preoccupation with death/		
□ Other	□ Other		destruction		
			□ Other		

NCPTSD PFA Field Operations Guide, 2nd Edition – Provider Worksheets http://www.ptsd.va.gov/professional/manuals/manual-pdf/pfa/PFA Appx DWorksheets.pdf

- Behavioral

- Either isolating or cannot be alone
- Pacing
- Fidgeting
- Fighting/arguing
- Fatigue that does not improve with sleep
- Reckless or risk-taking behaviors (particularly with adolescents)
- Work or school problems

- Emotional

- Shock and disbelief
- Fear
- Helpless/Hopeless
- Anxiety
- Loss of trust and safety

- Feeling detached from others
- Irritable/Moody
- Anger
- Guilt
- Restless
- Sadness
- Numbness

National Center for PTSD, 2007

- Physical

- Change in appetite
- Change in sleeping
- Easily startled
- Being on red alert all the time
- Headaches
- Stomachaches

- Sweating
- Chills
- Tension
- Bodily aches or pains
- Edginess
- Change in sex drive
- Rapid heart beat

National Center for PTSD, 2007

- Thoughts

- Flashbacks
- Reminded of past experiences of loss/trauma
- Nightmares
- Difficulty concentrating
- Forgetfulness

- Suspicion or blaming
- Difficulty making decisions
- Belief that life will never get better
- Confusion

National Center for PTSD, 2007

Psychological First Aid (PFA)

PSYCHOLOGICAL FIRST AID PFA

Field Operations Guide 2nd Edition

National Child Traumatic Stress Network

National Center for PTSD





http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp

Five basic elements of Psychological First Aid to Promote

- A sense of safety
- Calm
- Sense of self and collective efficacy
- Connectedness
- Hope

Hobfoll, S.E., Watson, P., Bell, C.C., Bryant, R.A., Brymer, M. J., Friedman, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence.

Psychiatry, 70, 283-315.

Psychological First Aid (PFA)

- Relies on field tested, evidence-informed <u>strategies</u>
- Includes basic information gathering techniques to help make rapid assessment of what is needed and what to do
- Emphasizes developmentally and culturally appropriate interventions for all ages and backgrounds
- Includes important elements of risk communication and educational outreach

Core Actions of PFA

- Contact & Engagement
 - Appropriate to age/culture
 - Ask about immediate needs
- Stabilization
 - Gather information to make a referral to local resources
 - Help survivors understand their reactions

- Safety & Comfort
 - Attend to physical needs
 - Help with death notification / identification
 - Appropriately attend to spiritual or grief concerns
 - Connect survivors with practical resources & other people
 - Reduce fear by providing information about risks

Core Actions of PFA

- Information Gathering
 - Survivor Triage (more later)
 - Determine need for immediate referral or additional resources
- Practical Assistance
 - Assist with problem solving

- Connect with Social Supports
 - Foster connections with natural supports (friends, family, community)
 - Assist as appropriate to foster appropriate help seeking and giving behaviors

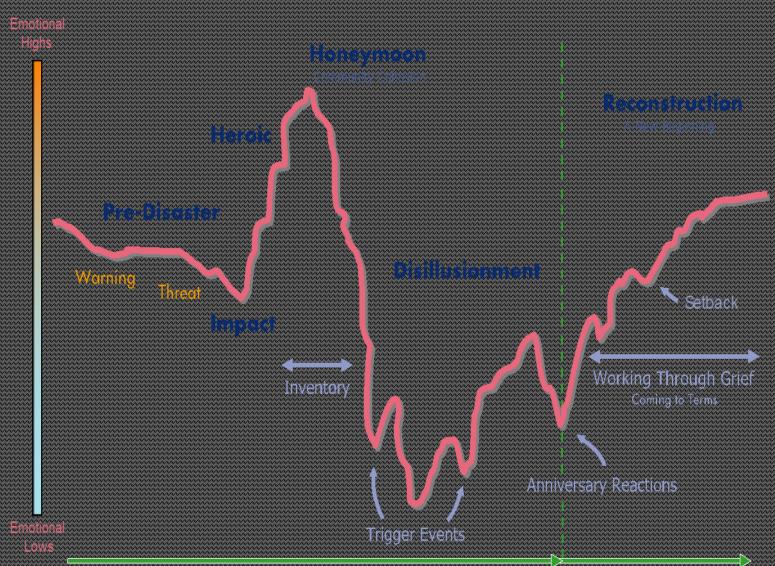
Core Actions of PFA

- Information on Coping
 - Provide information on common reactions and ways of coping
 - Provide information on developmental issues related to coping
 - Assist with relaxation, stress, alcohol use and anger management information

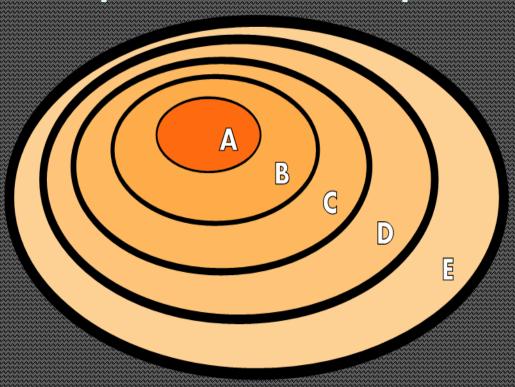
- Linkage with collaborative services
 - Assist with linking to mental health, medical, social support, drug and alcohol support, recovery groups and other agencies as needed by the survivor

NCPTSD PFA Field Operations Guide, 2nd Edition

Phases of Disaster



Population Exposure Model



- **A**. Injured survivors, bereaved family members
- **B**. Survivors with high exposure to disaster trauma, or evacuated from disaster zones
- **C**. Bereaved extended family and friends, first responders
- **D**. People who lost homes, jobs, and possessions; people with pre-existing trauma and dysfunction; at-risk groups; other disaster responders
- **E**. Affected people from the larger community



Survivor Triage

- Who gets attention first?
 - Most distressed versus most likely to develop long term disorders?
 - Who is at risk for developing long term disorders?
 - What do we do about it?



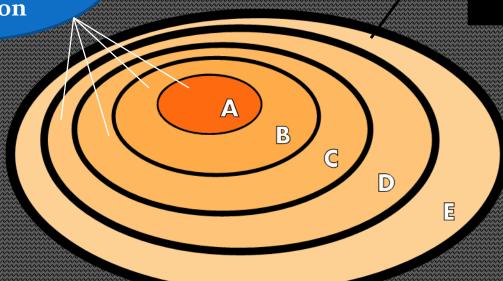
Which Survivors are in the Center Rings of

	yes	no	unsure
Did you actually have a family member or close friend who			
was killed, injured or missing?			
Did you fear that a family member of friend who was in or			
around the site of the event might be killed, injured or missing?			
As a result of your exposure to the event did you feel that you			
were at risk of being injured or killed?			
Did you witness death or serious injury?			
Were you displaced from your home?			
Have you been the victim of traumatic events in the past?			

Survivor Triage

PFA SPR Referral Education

Education
Outreach
Risk
Communication



Crisis Counseling in Utah

Utah System

 Emergency System Advanced Registration Volunteer health professionals (ESAR-VHP)

Call out process

Utah Responds

Messages from Unit Coordinator

Contact methods:

- Personal email
- Internal email Phone
- Text message Fax

Utah Responds

- Visit the following sections: Identify, Deployment Preferences, Contact, and Occupation to complete or update.
- www.utahresponds.org
- 1-801-538-3939